

Exhibit A

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

3202319008185

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) EVERETT		3. LAST (Family) BYRAM	
2. MIDDLE JACOB		4. DATE OF BIRTH mm/dd/yyyy 07/21/1988	
5. AGE Yrs. 34		6. SEX M	
7. DATE OF DEATH mm/dd/yyyy 02/10/2023			
8. HOURS (24 Hours) 2300			
8. STATE/FOREIGN COUNTRY WA		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SPOF (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back)	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED WRITER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) SOCIAL MEDIA	
19. YEARS IN OCCUPATION 14			
20. DECEDENT'S RESIDENCE (Street and number, or location) 37529 OXFORD DRIVE			
21. CITY PALMDALE		22. COUNTY/PROVINCE LOS ANGELES	
23. ZIP CODE 93550		24. YEARS IN COUNTY 8	
25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP URSULA BYRAM, WIFE		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 37529 OXFORD DRIVE, PALMDALE, CA 93550	
28. NAME OF SURVIVING SPOUSE/SPOF - FIRST URSULA		29. MIDDLE -	
30. LAST (BIRTH NAME) NIETO			
31. NAME OF FATHER/PARENT - FIRST MORRIS		32. MIDDLE EVERETT	
33. LAST BYRAM, JR		34. BIRTH STATE MS	
35. NAME OF MOTHER/PARENT - FIRST VALORIE		36. MIDDLE RUTH	
37. LAST (BIRTH NAME) SOUTH		38. BIRTH STATE TX	
39. DISPOSITION DATE mm/dd/yyyy 02/24/2023		40. PLACE OF FINAL DISPOSITION RESIDENCE OF URSULA BYRAM 2136 SARATOGA AVENUE, SPRINGDALE, AR 72762	
41. TYPE OF DISPOSITION CREMATE/TRANSIT/RESIDENCE		42. SIGNATURE OF EMBALMER JULEEN LADE	
43. LICENSE NUMBER EMB8251		44. NAME OF FUNERAL ESTABLISHMENT HAILEY OLSEN MURPHY FUNERALS & CREMATIONS	
45. LICENSE NUMBER FD1067		46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS MD	
47. DATE mm/dd/yyyy 02/23/2023			
101. NAME OF PLACE OF DEATH ANTELOPE VALLEY MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> EROP <input type="checkbox"/> DOA	
103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Home/LTC <input type="checkbox"/> Other			
104. COUNTY LOS ANGELES		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 1600 W AVENUE J	
106. CITY LANCASTER			
107. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator failure without showing the etiology. DO NOT ABBREVIATE. (A) GUNSHOT WOUND OF THE HEAD		108. DEATH REPORTED TO CORONER? Time Interval Between Onset and Death (AT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> RAPID 2023-01689	
109. BIOPSY PERFORMED? (BT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		110. AUTOPSY PERFORMED? (CT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
111. USED IN DETERMINING CAUSE? (DT) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN BY 107 NONE			
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO			
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Deponent: Attended Since: _____ Decedent: Last Seen At: _____ (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER [Signature]	
116. LICENSE NUMBER		117. DATE mm/dd/yyyy	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE			
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined			
120. INJURED AT WORK? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			
121. INJURY DATE mm/dd/yyyy 02/10/2023			
122. HOUR (24 Hours) 2200			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) OTHER: BACKYARD OF RESIDENCE			
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) SHOT BY OTHER			
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) 37529 OXFORD DRIVE, PALMDALE, CA 93550			
126. SIGNATURE OF CORONER / DEPUTY CORONER EVONNE R-JACKSON		127. DATE mm/dd/yyyy 02/17/2023	
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER EVONNE R-JACKSON, DEP CORONER			
STATE REGISTRAR		CENSUS TRACT	

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles
Department of Public Health if it bears the Registrar's signature in purple ink.

Health Officer and Registrar

DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

* 003686467 *

FEB 28 2023

